

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 14

May 14, 2013

SUBJECT: EMPLOYEE RECORD FORM, FORM 01.38.00 - REVISED; AND
ADDRESS AND PHONE NUMBER RECORD, FORM 01.20.00 -
DEACTIVATED

PURPOSE: The purpose of this Order is to revise the Employee Record Form, Form 01.38.00, and to deactivate the Address and Phone Number Record, Form 01.20.00. A review of the Employee Record Form identified the need for several updates. The revised form includes additional fields for emergency contact information to aid in quickly notifying relatives/emergency contact persons in the event of an employee's death or serious injury. Additionally, in an effort to streamline the documentation of employee information, the Address and Phone Number Record has been deactivated and its data fields have been integrated into the Employee Record Form. It is required for all Department personnel to complete the new form and submit it to the Area/divisional office. The forms that have been filled out prior to this change will remain in the Division Employee Folder.

PROCEDURE:

I. EMPLOYEE RECORD FORM, FORM 01.38.00 - REVISED.

Use. This form is used to provide the Department with employee's current information. The employee must make appropriate changes on the form or, if impracticable, complete a new form each time there is one or more changes to the information listed under completion.

Completion. This form **must** be completed within 10 days of occurrence of any of the following:

- * Change in address or telephone number;
- * Change in the person to be notified in case of an emergency;
- * Change in marital status;
- * The death of a spouse or child;
- * The birth or adoption of a child;
- * Change of religious or fraternal organizations to be notified in the event of death;
- * Membership or change of status in the Armed Forces; and,
- * Change in Selective Service status.

Note: A Post Office Box or mail box number must **not** be used to indicate the employee's current address.

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If an employee is not scheduled to work within 10 days following an incident requiring the completion of the Employee Record Form, he/she must notify his/her commanding officer or watch commander, who will ensure the prompt completion of the Employee Record Form. The use of the form remains unchanged.

Distribution.

- 1 - Original, Personnel Records Unit, Personnel Division
- 1 - Copy, Employee Folder at the Area/division of assignment.
- 2 - TOTAL

II. ADDRESS AND PHONE NUMBER RECORD, FORM 01.20.00 - DEACTIVATED. The Address and Phone Number Record, Form 01.20.00, has been deactivated. All unused forms must be marked "obsolete" and placed in the divisional recycling bin. Manual sections that refer to Form 01.20.00, will be revised to indicate Form 01.38.00.

FORM AVAILABILITY: The revised Employee Record Form is available in E-forms on the Department's Local Area Network. A copy is attached for immediate use and duplication. All other versions of this form must be marked "obsolete" and placed in the divisional recycling bin.

AMENDMENTS: This Order amends Sections 3/734.60, 3/790, and 3/797.40 and 5/060.66 of the Department Manual. The "Form Use" link applicable to the revised Employee Record Form is available in LAPD E-Forms on the Department's Local Area Network (LAN).

AUDIT RESPONSIBILITY: The Commanding Officer, Internal Audits and Inspections Division, will review this directive and determine whether an audit or inspection will be conducted in accordance with Department Manual Section 0/080.30.



CHARLIE BECK
Chief of Police

Attachments

DISTRIBUTION "D"

**DEPARTMENT MANUAL
VOLUME III
Revised by Special Order 14, 2013**

734. RESERVE STATUS.

734.60 ARMED FORCES RESERVE STATUS. An employee who becomes affiliated with the active or inactive reserve of any branch of the Armed Forces of the United States, or the State of California, or any employee who terminates such affiliation, *must* report his or her status within forty-eight hours of the incident. The employee *will* insert this information on the Employee Record Form, Form 01.38.00, located in the Division Employee Folder, Form 01.01.00, and forward *it* to Personnel Division.

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790. REPORTING CHANGES OR ADDITIONS TO EMPLOYEE INFORMATION

RECORD. Employees *will* use the *Employee Record Form, Form 01.38.00*, to notify Personnel Division of any of the following changes or additions:

- A temporary or permanent change of address and/or telephone number;
- A change of persons to be notified in case of emergency;
- A change of marital status;
- The birth or adoption of a child;
- The death of a spouse or child;
- A change of religious or fraternal organizations to be notified in event of death;
- Membership or change of status in an Armed Forces reserve;
- A change in Selective Service status; and,
- Any personal information of administrative value to the Department.

All Department employees are required to provide their current residential addresses. A Post Office Box number *must* not be used to indicate the employee's current address on the Employee Record Form, Form 01.38.00.

Note: The employee *must* insert any of the above changes or additions on the Divisional copy of the Employee Record Form, Form 01.38.00. Personnel Division *will* provide the employee with the Family Protection Checklist, Form 01.38.01, whenever the Form 01.38.00 is revised by the employee.

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797.40 DEATH OF DEPARTMENT EMPLOYEE - NOTIFICATION TO NEXT OF KIN.

A death notification *will* be made to the deceased employee's specified next of kin and all persons on the employee's Employee Record Form, Form 01.38.00.

Responsibility of Notification. The commanding officer of the deceased employee *will* cause the necessary notification to be made to the next of kin. Department personnel specified on the employee's *Employee Record Form, Form 01.38.00*, *will* be requested to assist with the notification(s).

Note: The Employee Assistance Unit (EAU), Office of Administrative Services (OAS), is a Department resource that is available to provide advice and/or assistance with notifications which follow the death of a Department employee.

Notification to be Made in Person. A death notification by an employee of the Department *must* be made in person unless physical conditions make it impracticable.

Within Other Area. If necessary, death notification information may be transmitted by telephone or teletype to the uniformed division in the Area nearest the residence of the person to be notified; a supervisor of that division *will* then arrange for personal notification to be made.

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060.66 DIVISIONAL EMPLOYEE CARD FILES. Each commanding officer shall maintain an alphabetical card file containing addresses and phone numbers of employees under his/her command. This file shall be controlled by the commanding officer or watch commander and updated by use of the *Employee Record Form, Form 01.38.00*.

Note: The home address, telephone number, and other personal information concerning Department employees may be released, to persons both within and outside the Department, only with the approval of the watch commander or officer in charge.

EMPLOYEE RECORD FORM

Complete * marked areas on all reports.
Provide new/changed information only.

* LAST NAME, FIRST MIDDLE			* SERIAL NO.		EMPLOYEE ID	D.O.B	SEX	HEIGHT	WEIGHT	* DATE SUBMITTED
AREA/DIVISION	DATE TO AREA/DIVISION	RANK/CLASS		DATE APPT. RANK/CLASS		DATE APPT. DEPT.		LOCKER NO.		
RESIDENTIAL ADDRESS (NOT P.O. BOX OR MAIL BOX)		STREET		CITY		STATE		ZIP CODE		
MAILING ADDRESS (IF DIFFERENT THAN RESIDENTIAL ADDRESS)										
AREA CODE & PHONE (RESIDENCE)			CELL PHONE				PERSONAL EMAIL			
LIST CURRENT INFO ONLY - IF SEPARATED, SPOUSE'S/DOMESTIC PARTNER'S NAME, MARRIAGE DATE (IF APPLICABLE), AND PLACE ARE STILL REQUIRED										
SPOUSE (INCLUDE MAIDEN NAME)/DOMESTIC PARTNER			MARRIAGE DATE		MARRIAGE CITY (IF APPLICABLE)		COUNTY		STATE	
<input type="checkbox"/> LEGAL SEPARATION (IF APPLICABLE)		DATE		DATE DECREE REGISTERED (IF APPLICABLE)		COUNTY, STATE GRANTING DECREE				
				<input type="checkbox"/> ANNULMENT <input type="checkbox"/> DISSOLUTION						
LOCATION SPOUSE/DOMESTIC PARTNER MAY BE REACHED DURING SEPARATION (NOT P.O. BOX OR MAIL BOX)						EMAIL				
NO. OF LIVING CHILDREN			AREA CODE & PHONE				CELL PHONE			
FIRST NAME (& LAST, IF DIFFERENT)		BIRTHDATE	ADOPTION DATE	SEX	FIRST NAME (& LAST, IF DIFFERENT)		BIRTHDATE	ADOPTION DATE	SEX	
EMERGENCY CONTACT INFO (OPTIONAL) NAME (LIST IN ORDER OF PREFERENCE)		ADDRESS (NOT P.O. BOX OR MAIL BOX)		CITY		AREA CODE & PHONE		CELL PHONE & EMAIL		
		R						CELL PHONE		
RELATIONSHIP (OPTIONAL)		B						EMAIL		
		R						CELL PHONE		
RELATIONSHIP (OPTIONAL)		B						EMAIL		
		R						CELL PHONE		
RELATIONSHIP (OPTIONAL)		B						EMAIL		
		R						CELL PHONE		
RELATIONSHIP (OPTIONAL)		B						EMAIL		
		R						CELL PHONE		
CLERGY (OPTIONAL)		B						EMAIL		
PHYSICIAN (OPTIONAL)		B						CELL PHONE		
PHYSICIAN (OPTIONAL)		B						CELL PHONE		
LIST ALLERGIES/CONDITIONS A DOCTOR SHOULD KNOW IF YOU ARE UNCONSCIOUS; INFO A SUPERVISOR SHOULD BE AWARE OF IN NOTIFYING YOUR FAMILY, ETC.										
SELECTIVE SERVICE NO.	STATE WHERE REG.	CLASSIF.	RELIGIOUS & FRATERNAL ORGANIZATIONS TO BE NOTIFIED IN EVENT OF DEATH (NAME, ADDRESS, CITY, PHONE)							
IN THE EVENT THAT THE EMPLOYEE IS SERIOUSLY INJURED OR DECEASED, INDICATE THE METHOD OF NOTIFYING RELATIVES/ACQUAINTANCES. FOR EXAMPLE, HOW TO NOTIFY THE RELATIVES WITH A DESIGNATED DEPARTMENT EMPLOYEE(S) (RANK, NAME, SERIAL NO., CONTACT NUMBERS, AND EMAIL.) THAT MAY ASSIST IN THE NOTIFICATIONS.										
MY 01.38.00 FORM IS CURRENT AS OF:										
MO./YR.	INIT'S.	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> CHANGES SUBMITTED	MO./YR.	INIT'S.	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> CHANGES SUBMITTED			
MO./YR.	INIT'S.	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> CHANGES SUBMITTED	MO./YR.	INIT'S.	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> CHANGES SUBMITTED			
MO./YR.	INIT'S.	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> CHANGES SUBMITTED	MO./YR.	INIT'S.	<input type="checkbox"/> NO CHANGES	<input type="checkbox"/> CHANGES SUBMITTED			
SIGNATURE			THIS FORM MUST BE REVIEWED ANNUALLY DURING THE ANNUAL EQUIPMENT INVENTORY. MAKE NECESSARY UPDATES ON A NEW FORM & FORWARD NEW INFO TO PERSONNEL DIVISION.							
ADDITIONAL INFORMATION MAY BE ATTACHED										